

# **WAIVER OF RIGHT TO FURTHER NOTICE OF ADOPTION PLANNING (ALLEGED NATURAL FATHER IN OR OUT OF CALIFORNIA)**

## **INSTRUCTIONS:**

1. These instructions apply to the alleged natural father whether signing in California or out-of-state.
2. This form may be used in both the Agency and Independent adoption programs.
3. When signed by the alleged natural father in the presence of a representative of the California Department of Social Services, a California licensed adoption agency, or an authorized out-of-state adoption agency, the form shall be witnessed and signed by the Department or agency representative. Signing before a notary is not necessary.
4. When signed in the presence of person other than an agency or Department representative, the **form** shall be notarized.

I, \_\_\_\_\_, acknowledge that I have received notice that I have been

NAME OF ALLEGED NATURAL FATHER

named as a possible father of \_\_\_\_\_, born to \_\_\_\_\_

(NAME OF CHILD)

(NAME OF MOTHER)

on \_\_\_\_\_ for whom an adoption is planned. I hereby

(DATE OF BIRTH)

waive the right to further notice of adoption planning for this child which includes notice of court hearings. I understand that to establish my paternity of this child I must file an action under Family Code Section 7630(c) within 30 days of service of the initial adoption notice or the birth of the child, whichever is later. I understand that any parental rights I may have toward this child will continue until the court issues an order of adoption, or an order terminating my parental rights, whichever occurs first. I understand that the court may enter an order terminating my parental rights without further notice to me. I understand any parental responsibility I may have toward this child, including the responsibility to pay child support if so ordered by a court, will continue until an order of adoption, or an order terminating my parental rights, whichever occurs first, has been issued by the court. I understand that if I change my mind after signing this form, I may not revoke or rescind this waiver and that my only recourse is court action.

SIGNATURE OF ALLEGED NATURAL FATHER

DATE

SIGNED IN COUNTY/STATE

NAME OF AGENCY

NAME OF AGENCY REPRESENTATIVE

TITLE OF AGENCY REPRESENTATIVE

DATE

SIGNATURE OF AGENCY REPRESENTATIVE

\_\_\_\_\_ OR \* \_\_\_\_\_

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

On \_\_\_\_\_, before me, \_\_\_\_\_, a Notary Public,

personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature (Seal)

\*(NOTARIZE ONLY WHEN SIGNED IN PRESENCE OF A PERSON OTHER THAN AN AGENCY REPRESENTATIVE)